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ACCEPTANCE FORM FOR TS2000 SYSTEMS* 1

FIELD INSTALLATION REPORT 3

ACCEPTANCE FORM FOR TS2000 SYSTEMS***Fax to:**

Siemens AG, Medical Engineering
Special System Division, Technical support
Henkestr. 127, D-91052 Erlangen, Germany
Fax number: +49 9131 84 8670

Site Number: _____

Customer Name: _____

Address: _____

Telephone no. _____

Fax no. _____

E-mail: _____

System type: _____

System serial no. _____

Date of installation: _____

Installed by: _____

I hereby confirm that the above TS2000 system was installed at my facilities to my satisfaction on the above date.

Name and Position

Date

Signature

*** Filled in by the Installation service-person and faxed to the above address.**

*** Field Installation Report No: _____****Fax to:**

Siemens AG, Medical Engineering

Special System Division, Technical support

Henkestr. 127, D-91052 Erlangen, Germany

Fax number: +49 9131 84 8670

Customer Name:			
Customer Address			
Country : _____		City: _____	
Tel.: _____		Fax: _____	
System type: _____		Software Ver.: _____	
System S/N : _____		PM Software Ver.: _____	
Large Probe S/N: _____			
Small Probe S/N: _____			
System Options	Printer S/N: _____	Zip S/N: _____	Modem S/N: _____
Problem Occurred During Installation:			
Action Taken:			
Parts replaced (if any during installation):			
Notes:			
Service Engineer Name:		Visit Date: _____	
Signature:		Start Time: _____	
		Finish Time: _____	

*** Filled in by the Installation service-person and faxed to the above address.**